

Accelerated Access Collaborative Board Meeting

Meeting Minutes

21 June 2023

Attendance

Chair:

Lord Darzi of Denham (Director of the Institute of Global Health Innovation, Imperial College London)

Board Members in attendance:

Peter Ellingworth (Chief Executive, Association of British HealthTech Industries (ABHI))

Tim Ferris (National Director of Transformation, NHS England)

Gary Ford (Chair, Academic Health Science Networks (AHSNs))

Sue Hill (Chief Scientific Officer, NHS England)

Lindsey Hughes (Interim Chief Executive Officer, Accelerated Access Collaborative and Interim Director of Innovation, Research and Life Sciences, NHS England)

Ottoline Leyser (Chief Executive Officer, UK Research, and Innovation (UKRI))

Dan Mahony (Chair, UK BioIndustry Association (BIA))

Nicola Perrin (Chief Executive, Association of Medical Research Charities)

Samantha Roberts (Chief Executive, National Institute for Health and Care Excellence (NICE))

John Stewart (National Director of Specialised Commissioning, NHS England)

Helen Stokes-Lampard (Chair, Academy of Medical Royal Colleges (AoMRC))

Richard Torbett (Chief Executive, Association of the British Pharmaceutical Industry (ABPI))

Doris-Ann Williams (Chief Executive Officer, The British In Vitro Diagnostic Association (BIVDA))

Sarah Woolnough (Chief Executive Officer, Asthma UK and the British Lung Foundation; National Voices Representative)

Apologies received from the following Board Members:

Rosalind Campion (Director of Office for Life Sciences)

Lucy Chappell (Chief Scientific Advisor, Department of Health and Social Care and Chief Executive Office, National Institute for Health and Care Research)

Gail Marzetti (Director of Science, Research and Evidence, Department of Health and Social Care (DHSC))

Amanda Pritchard (Chief Executive Officer, NHS England)

June Raine (Chief Executive, Medicines, and Healthcare products Regulatory Agency (MHRA))

Jacqui Rock (Chief Commercial Officer, NHS England)

Nominated deputies in attendance:

Dr Mary Da Silva, Deputy Chief Scientific Adviser, DHSC – deputising Director of Science, Research and Evidence, Department of Health and Social Care and the Chief Scientific Advisor, Department of Health and Social Care / Chief Executive Office National Institute for Health and Care Research

Pollyanna Jones, Programme Director, Commercial Directorate, NHSE – deputising for the Chief Commercial Officer, NHS England

Alex McLaughlin, Deputy Director (Innovation and Growth), Office for Life Sciences – deputising for Director of Office for Life Sciences

Glenn Wells, Chief Partnerships Officer, Medicines, and Healthcare products Regulatory Agency (MHRA)) – deputising Chief Executive, Medicines, and Healthcare products Regulatory Agency)

Invited guests presenters in attendance:

Roland Sinker, National Director for Innovation, Research and Life Sciences, NHSE – *Item 3: NHS as an innovation partner: Actions Arising from the Life Sciences Council.*

Bola Owolabi, Director of Health Inequalities, NHSE – *Item 4: Addressing health inequalities through the NHS Core20PLUS5 approach: AAC Progress and future plans.*

Lord James O'Shaughnessy, Review Chair: Commercial Clinical Trials – *Item 5: Independent review into clinical trials in the UK.*

Alice Williams, Head of Patient and Public Involvement, Innovation, Research and Life Sciences, NHSE – *Item 2: Chief Executive's Report (specifically Patient and Public Involvement strategy implementation.*

Other attendees:

AAC Secretariat

Summary of agreed actions

#	Action	Owner	Due Date
1	Provide a status update on the guidance for the use of Fractional exhaled Nitric Oxide (FeNO) testing in primary care.	Chief Executive of NICE	November 2023
2	To receive and consider a further update on progress and outcomes from the innovation ecosystem programme.	National Director of Innovation, Research and Life Sciences	November 2023
3	To receive and consider a further update on health inequalities activity across the AAC priority areas.	AAC Chief Executive / NHSE Director of Health Inequalities	June 2024
4	To receive the detailed Government response to the recommendations arising from the independent review of commercial clinical trials in the UK; and consider any specific implications and/or actions for the AAC.	AAC Chief Executive	December 2023
5	To consider a further report on the actions arising from the independent review of commercial clinical trials in the UK and any specific implications and/or actions for the AAC.	AAC Chief Executive	June 2024

Note: These minutes are a summary record of the main points discussed at the meeting and any resolutions and/or other decisions made. They are not intended to provide a verbatim record of the Board's discussion.

1. Welcome and introductions

1.1 The Chair opened the meeting and welcomed all Board Members, nominated deputies and other invited attendees and presenters. The Chair welcomed the following new Board Members:

- Lindsey Hughes (Interim Chief Executive Officer, Accelerated Access Collaborative and Interim Director of Innovation, Research and Life Sciences, NHS England)

1.2 On behalf of the Board, the Chair thanked former Chief Executive Officer of the Accelerated Access Collaborative and Director of Innovation, Research and Life Sciences, NHS England – Matt Whitty – for his contribution and support to the Board, wishing him well for the future.

1.3 The Chair also noted the Board meeting represented the final meeting for the following Board members:

- Tim Ferris (National Director of Transformation, NHS England).
- Helen Stokes-Lampard (Chair, Academy of Medical Royal Colleges (AoMRC)).

1.4 The Chair thanked both members for their contributions and support to the Board, wishing them well for the future. On behalf of the Board, the Chair looked forward to their respective successors joining the Board.

1.5 Apologies were noted from the following Board Members:

- Rosalind Campion (Director of Office for Life Sciences)
- Lucy Chappell (Chief Scientific Advisor, Department of Health and Social Care and Chief Executive Office, National Institute for Health and Care Research)
- Gail Marzetti (Director of Science, Research and Evidence, Department of Health and Social Care (DHSC))
- Amanda Pritchard (Chief Executive Officer, NHS England)
- June Raine (Chief Executive, Medicines, and Healthcare products Regulatory Agency (MHRA))
- Jacqui Rock (Chief Commercial Officer, NHS England)

1.6 The following nominated deputies were noted as attending:

- Dr Mary Da Silva, Deputy Chief Scientific Adviser, DHSC.
- Pollyanna Jones, Chief of Staff, Innovation, Research and Life Sciences, NHSE.

- Alex McLaughlin, Deputy Director (Innovation and Growth), Office for Life Sciences (OLS).
- Glenn Wells (Chief Partnerships Officer, Medicines, and Healthcare products Regulatory Agency (MHRA))

1.7 It was also noted that the National Director of Transformation was deputising for the Chief Executive of NHS England.

1.8 There were no conflicts of interest declared by Board members or nominated deputies attending the meeting.

2. Review of previous minutes and actions

2.1. The draft minutes of the previous Board meeting held on 22 March 2023 were agreed as an accurate record, with no amendments.

2.2. The AAC Interim Chief Executive highlighted the following due actions from previous Board meetings, which remained open for completion:

- Board members' Declarations of Interest (Ref: 2023/03/22/01).

2.3. All other due actions had been completed and were closed.

2.4. Other actions were not yet due and remained open, with plans in place for these to be completed.

3. AAC CEO Update

3.1. The AAC Interim Chief Executive presented the report, specifically highlighting the following areas:

- NHS England had announced that the Academic Health Science Networks (AHSNs) would be relicensed for five years from 1 October 2023 and rebranded as Health Innovation Networks (HINs) to better reflect their position as anchor institutions, with a key role in the adoption and spread of innovation.
- Publication of Lord James O'Shaughnessy review of commercial clinical trials in May 2023 (due for more detailed consideration elsewhere on the agenda (minute 6 refers)).
- Over 150,000 patients (up from 35,000 in February 2023) had now registered on Be Part of Research (BPoR) platform for recruitment onto clinical trials. Of these, over 108,000 registrations had come via the NHS App.

- Early results from the clinical trial showed the Galleri blood test was able to correctly identify two out of every three cancers in 5,000 people visiting their GP with symptoms. Using NHS DigiTrials over 140,000 people without symptoms were recruited to join the trial, with a focus on achieving effective representation from minority ethnic backgrounds who are less likely to take part in research.
- The stroke demand signalling report, published in May 2022, had led to over £5m of research and innovation awards being made as a direct result of the publication.

3.2. The AAC Interim Chief Executive also highlighted a range of data demonstrate the impact of the AAC's work, including:

- 2,400 innovators and 1,950 innovations supported in 2022/23 – with the AHSN Network being the largest contributor to the growth of innovators supported.
- Nearly £740m of investment secured by AAC-supported innovations, with nearly £478m secured by CEP-supported innovations alone.
- An estimated 3,600 cardiac events avoided in 2022/23 due predominantly to high-intensity Statins and ezetimibe uptake.
- Over 1.2 million patients estimated to have benefitted from AAC Rapid Uptake Products (RUPs) programme and MTFM products in 2022/23.

3.3. The Head of Patient and Public Involvement (PPI) also provided an update on the AAC's Patient and Public Involvement strategy, reminding the Board of the overall aims, as follows:

- A diverse range of people with lived experience influence the direction and delivery of the AAC's work.
- Proactively addressing health inequalities and inclusion.
- Embedding a culture of involvement and co-production across the AAC.
- Ensuring patients and public partners have a positive experience of working with the AAC.
- Understanding and communication PPI impacts and outcomes.

3.4. Details of progress and key achievements were provided in the presented report, with a number of areas drawn to the Board's attention, including:

- Supporting 22 diverse patient partners with decision making roles in programme oversight /working groups.
- Over 235 hours of involvement activity with patients and the public, with an additional 200 hours of training opportunities; aimed at staff, innovators/ developers and patient partners.

- Supporting Integrated Care System (ICS) partners to work with researchers and under-represented communities to improve local participation in research together with extensive outreach work to bring vital insights into key programmes from seldom heard groups, such as young homeless people, digitally excluded communities, Roma and Gypsies, South Asian and Black African and Black Caribbean communities.
- Undertaking an accessibility audit to help ensure the Innovation Service met accessibility standards and best practice.

3.5. Members of the Board welcomed the report and comprehensive update that highlighted the ongoing impact of the AAC’s work and overall progress being made, which resulted in several discussion points, including:

- The continued role of the Innovation Service supporting and sign-posting innovators within the overall ecosystem alongside the potential for additional communications about the service and case studies on the innovator journey.
- Maintaining and sustaining the use of Fractional exhaled Nitric Oxide (FeNO) testing in primary care following the end of the programme.
- The positive and crucial achievement of the 5-year relicensing of Health Innovation Networks (HINs) from October 2023.
- Positive progress against the PPI strategy that acted as a useful reminder of the importance of embedding patient and public involvement in the AACs work.

#	Action	Owner	Deadline
1	Provide a status update on the guidance for the use of Fractional exhaled Nitric Oxide (FeNO) testing in primary care.	Chief Executive of NICE	November 2023

4. NHS as an innovation partner: Actions Arising from the Life Sciences Council

4.1. The National Director of Transformation and the National Director of Innovation, Research and Life Sciences jointly introduced the overall genesis and purpose of the paper that provided an updated on the programme of action-focussed work that aimed to:

- Support the NHS to be an outstanding partner within the life sciences innovation ecosystem.

- Identify how best to enable the NHS to become a learning health system able to transform clinical pathways to take advantage of new technologies, enable earlier detection of disease, and support citizen empowerment.

4.2. Specific matters highlighted to the Board included an overview of the identified workstreams, as follows:

- Workstream One (WS1): Learning by doing – focused on working with health innovation leaders in local systems to refine strategies for improving research mobilisation, adoption, and spread of innovation.
- Workstream Two (WS2): Immediate national actions – reviewing existing work and identifying medium-term actions to enhance the innovation ecosystem.
- Workstream Three (WS3): developing an NHS Research and Innovation Blueprint – taking the learning from WS1 and the actions in WS2.
- Workstream Four (WS4): Preparing for the NHS of tomorrow – conducting targeted work to understand how the NHS can adapt and prepare for future challenges, such as such as citizen empowerment, Artificial Intelligence (AI), and genomics.

4.3. The following matters were also highlighted:

- The significant level of engagement undertaken across all aspects of the programme with key leaders within the ecosystem.
- The programme governance arrangements were under development, including the establishment of an advisory group to provide direction and maintain oversight across the programme and different workstreams.
- Health inequality considerations were embedded across all four workstreams.
- In response to challenges around accelerating the adoption and spread of digital technology across the NHS, potential assessment criteria could include:
 - Alignment with addressing identified national priorities.
 - Improvements to patient access and the removal of friction within the system.
 - Care pathway efficiencies – i.e. removing steps within pathways.
 - An ability to be ‘cash releasing’.
 - Real world evidence in each of the above areas.
- The increasing prevalence of developments in healthcare being centred around technology.

4.4. Board Members welcomed the progress update and were supportive of the approach and proposals outlined in the paper. A number of discussion points and reflections were highlighted, including:

- Support for the development of the technologies assessment criteria and the potential impact this could have on the UK being an attractive destination for innovators.
- The importance of making use of patient insight not only around improving navigation within the system, but also in relation to how patients can self-manage conditions.
- Key components and considerations for the innovation ecosystem included the intersection of workforce planning; the development, adoption and spread of technology; and the cultivation of innovation within health and care.
- Continued support for a clear focus on health inequality being embedded across the programme of activity.

4.5. The Chair thanked the presenters and Board Members for their comments, discussion and support for the proposals outlined in the paper.

#	Action	Owner	Deadline
2	To receive and consider a further update on progress and outcomes from the innovation ecosystem programme.	National Director of Innovation, Research and Life Sciences	November 2023

5. Addressing health inequalities through the NHS Core20PLUS5 approach: AAC progress and future plans

5.1. NHS England’s Director of Health Inequalities introduced and presented the paper, highlighting a number of points, including:

- The legal duty of NHS England and ICBs to have due regard to reducing inequalities in access to the NHS and outcomes achieved.
- The significant impact of the Board’s decision to pivot the AAC approach towards addressing health inequalities, including the phasing out of the Rapid Uptake Products (RUPs) programme.
- The complexities and drivers associated with health inequalities, with NHS Long Term Plan setting out commitments to systematically address health inequalities across the NHS.

- An outline of the Core20PLUS5 approach for adults and, more recently, children; and the support being provided to embed the approach on the front line.
- A specific example of how the Clinical Entrepreneurs Programme (CEP) had recruited and then trained four homeless people as innovators.
- The vision to address health inequalities remained to ensure delivery of exceptional quality healthcare for all, through equitable access, excellent experience and optimal outcomes.
- The Innovation for Health Inequalities Programme (InHIP) had acted as a springboard for AHSNs and ICSs working in partnership to address local healthcare inequalities through innovation, with 39 ICS projects funded across England.

5.2. The Chair of the Academic Health Science Networks supported the paper and thanked NHSE's Director of Health Inequalities for her leadership and support for the AAC's approach to addressing health inequalities.

5.3. Board Members welcomed the progress update and were supportive of the approach and proposals outlined in the paper. A number of discussion points and reflections were highlighted, including:

- The impactful work of the Innovation for Healthcare Inequalities Programme (InHIP), which further demonstrated how an equality lens can not only help identify where inequity exists, but also help to address the adoption gaps.
- Inequalities work across research programmes to increase the diversity of research across population needs.
- Challenges to sustain the focus on health inequalities across a more decentralised NHS operating model, with more place-based decision-making.
- Increasing awareness of the focus on health inequalities, particularly across industry, and embedding activity through the innovation ecosystem programme (as discussed on the previous item (minute 4 refers)).

5.4. The Board gave its support and agreed to the specific asks outlined in the paper, namely to:

- A continued commitment to integrating a health inequalities lens throughout the AAC's work and activities.
- Support plans for 2023/24 and beyond, particularly work with NHS Innovation Accelerator (NIA) and the NHS Race and Health Observatory (RHO) on a

targeted call for innovation, as well as work with the Small Business Research Initiative (SBRI), and Academic Health Science Networks (AHSNs).

- Support a continued and updated focus on health inequalities as part of AHSN landscape reviews.

5.5. The Chair thanked the presenters and Board Members for their comments, discussion and support for the proposals outlined in the paper.

#	Action	Owner	Deadline
3	To receive and consider a further update on health inequalities activity across the AAC priority areas.	AAC Chief Executive / NHSE Director of Health Inequalities	June 2024

6. Independent review into clinical trials in the UK

6.1. On behalf of the Board, the Chair welcomed Lord James O’Shaughnessy – who, in February 2023, had been appointed to conduct an independent review into the UK commercial clinical trials landscape – to introduce the report and recommendations.

6.2. Lord O’Shaughnessy addressed the Board and outlined the aims of the review had been to undertake a joint and collaborative endeavour to identify actions and make recommendations on how commercial clinical trials could help the life sciences sector unlock health, growth and investment opportunities in the UK; how to resolve key challenges in conducting commercial clinical trials in the UK; and fundamentally transform the UK commercial clinical trials environment.

6.3. It was outlined that the review had been focused on the following identified problem statements:

- Clinical trial set-up and approval processes in the UK were slow and bureaucratic, especially compared to other countries.
- There was a lack of transparency and data about commercial clinical trials activity in the UK.
- There was a lack of accountability at every level for underperformance in clinical trials.
- Research was not systematically prioritised by or within the NHS.
- Doctors, nurses and NHS organisations lacked incentives to take part in research, especially when it was commercially funded.

- Conversations about research were absent from many interactions between clinicians and patients; with the topic having a low profile with the public, especially among disadvantaged or marginalised communities.
- There was a failure to take advantage of the NHS’s considerable data assets.
- Primary care was a negligible provider of / setting for clinical trial activity, despite the opportunities that potentially existed for delivering population-scale trials, with too much reliance on hospital settings for the delivery of trials.

6.4. It was confirmed that extensive engagement with all key stakeholders had resulted in a high degree of consensus about the areas of success and where action was needed to further competitiveness. The review report made 27 specific recommendations, and had been published on 25 May 2023, alongside an initial government response.

6.5. Board Members welcomed the comprehensive report and recommendations, with a number of discussion points being raised, including:

- The recommendations being challenging, while realistically achievable – with a blend of recommendations requiring national level action and coordination, with some requiring locality-based actions, through Integrated Care Boards and GP Federations.
- Some actions were already progressing to address some of the recommendations, such as single contracting and the expansion of the National Contract Value Review (NCVR).
- While supporting the initial government response, further clarity was needed around responsibility for implementation.
- A key strength in the UK was population heterogeneity and the review recommendations had the potential to ensure more was drawn from this.

6.6. The Chair thanked Lord O’Shaughnessy for the report and recommendations, and his attendance and contribution to the Board’s discussion.

#	Action	Owner	Deadline
4	To receive the detailed Government response to the recommendations arising from the independent review of commercial clinical trials in the UK;	AAC Chief Executive	December 2023
5	To consider a further report on the actions arising from the independent review of	AAC Chief Executive	June 2024

#	Action	Owner	Deadline
	commercial clinical trials in the UK and any specific implications and/or actions for the AAC.		

7. Close of the meeting

7.1. The Chair thanked Board members and other attendees for their contributions to the discussions, and closed the meeting with notification of **the next AAC Board meeting being on 29 November 2023.**